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Bib Data Sheet

CONFIRMATION NO. 9141

SERIAL NUMBER 09/772,029	FILING DATE 01/29/2001  RULE	CLASS 482	GROUP ART UNIT 3764	ATTORNEY DOCKET NO.
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APPLICANTS

Stuart G. Oxford, Omaha, NE;

\*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/216,782 12/18/1998 PAT 6,238,325

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 03/08/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NE	SHEETS DRAWING 6	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 2
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Verified and Acknowledged  
 Examiner's Signature *[Signature]* Initials *DC*

ADDRESS  
 31083  
 THOMTE, MAZOUR & NIEBERGALL, L.L.C.  
 2120 S. 72ND STREET, SUITE 1111  
 OMAHA , NE  
 68124

TITLE  
 Ankle, leg and hip exercising device

FILING FEE  RECEIVED 486	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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